



**Indiana  
Professional  
Licensing  
Agency**

**Indiana Board of Accountancy**  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Phone: (317) 234-3022  
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

### CPA Expired Over 3 Years Reinstatement

Your certified public accountant license has been expired for over 3 years. To renew your license complete and mail this application with the reinstatement fee of \$190.00 to the address in the top right corner. Please read below regarding required reinstatement documentation. Make check or money order payable to "Indiana Professional Licensing Agency". If you answer 'Yes' to any question below, please send a detailed statement regarding the response with this application, by email to [pla10@pla.in.gov](mailto:pla10@pla.in.gov) or by fax to (317) 233-4236.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Reinstatement Fee \$190.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

QUESTIONS			
1. Since you last renewed, has any professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
CONTINUING EDUCATION VERIFICATION			
4. Since you last renewed your license have you completed the continuing professional Education requirement pursuant to IC 25-2.1-4-5 and 872 IAC 1-3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A* <input type="checkbox"/>
			*if renewing Inactive
5. Do you want to renew to active or inactive status (check one)?	Active <input type="checkbox"/> Inactive <input type="checkbox"/>		

LICENSEE AFFIRMATION	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Licensee	Date (month, day, year)

Required Documentation: Completed reinstatement form, reinstatement fee, letter of work history detailing time since expiration of license, CPE worksheet and certificates meeting requirements pursuant to IC 25-2.1-4-5.

Visit us at [www.pla.in.gov](http://www.pla.in.gov) for more information regarding your license, or email the Board at [pla10@pla.in.gov](mailto:pla10@pla.in.gov).

***"We're striving to cut red tape and remove barriers to practice to make Indiana a state that works! Have ideas? Please give us your suggestions at [www.in.gov/cutredtape](http://www.in.gov/cutredtape)." -Nicholas W. Rhoad, Executive Director***



FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date